

# HOUSING & INDEPENDENT LIVING GOAL:

## Obtain NYC Affordable Housing Lottery\*

Complete this worksheet if the young person has applied to NYC Affordable Housing Lottery

REQUIRED STEPS (COMPLETE ALL)	COMPLETED?	DATE	PROGRESS NOTES
<input type="checkbox"/> Discuss plan with youth for moving from current housing situation	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Provide social-emotional support to young person during the transition process - check-in on them	<input type="checkbox"/> YES <input type="checkbox"/> NO		

POTENTIAL STEPS (EXPLORE IF NEEDED/APPLICABLE)	COMPLETED?	DATE	PROGRESS NOTES
<input type="checkbox"/> If contacted for an apartment, assist youth in completing application	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Prepare youth for interview	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Follow up with youth after interview	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Coach youth on length of time the process can take, and provide regular support	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Assist youth with moving in - setting up the home, unpacking home goods, etc	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**\*ONCE GOAL IS COMPLETED:**

- Review additional goals on Housing & Independent Living Goals Roadmap on **page 16**

GOAL TRACKING		
START DATE: _____	<b>MAINTAINED HOUSING FOR THE YEAR:</b>	<input type="checkbox"/> <b>GOAL CHANGED</b>
YOUTH NAME: _____	<input type="checkbox"/> <b>YES</b>   NOTES: _____	DATE: _____
COACH: _____	<input type="checkbox"/> <b>NO</b>   NOTES: _____	NEW GOAL: _____
	DATE: _____	NOTES: _____

**ADDITIONAL NOTES**

A large empty rectangular box with a thin red border, intended for writing additional notes.